MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 01793

1822 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5511 Glenwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgom-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5511 Glenwood Road /

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Fredrika (Last) REUTEL

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/31/1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 5 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hanover, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Reutel

14. MOTHER'S MAIDEN NAME: Cornelia Zolzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: L. D. McGregor - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Myocardial infarction
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) coronary thrombosis
DUE TO
(c) atheromatosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia 2nd.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19 ,19 55, to 2-22 , 19 55, that I last saw the deceased alive on 2-22 , 19 55, and that death occurred at 1:30 p.m.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Berta E. Mahler M.D. ADDRESS 8712 Old Georgetown Rd DATE SIGNED 2-22-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/25/1955 NAME OF CEMETERY OR CREMATORY Parklawn LOCATION (City, town, or county) (State) Montgomery Maryland

DATE REC'D BY LOCAL REGISTRAR 2-24-55 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Robert A. Dunphey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01794

1823

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

Item 8,9, FlmG178 3-16-55 et

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda RURAL X
LENGTH OF STAY (in this place) 11 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Route # 2 X
STREET ADDRESS (If rural, give location) Rockville

74

3. NAME OF DECEASED: (Type or Print) (First) Lelara (Middle) Virginia (Last) Ricketts

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: March 14 1873 1874 | 9. AGE last birthday 80 8/12 yrs. | IF UNDER 1 YEAR: Months 11 Days 15 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Morris | 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Mrs. Roy Smith 1106 - 6 Courtney Rd. Baltimore, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Thrombosis — 3 days

(260X)

DUE TO (C) Atherosclerosis, Coronary — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 2 years

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1955, to 2/27, 1955, that I last saw the deceased alive on 2/26, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE William Frank, M.D. ADDRESS M.D. 1014 Viers Mill Rd. Rockville, Md. DATE SIGNED 2/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/2/1955 | NAME OF CEMETERY OR CREMATORY Forest Oak | LOCATION (City, town, or county) Gaithersburg (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/3/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01795

1824 **CERTIFICATE OF DEATH** Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 9513 Saybrook Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 9513 Saybrook Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) A. (Last) Royce

4. DATE OF DEATH: (Month) (Day) (Year) February 8, 1955

5. SEX: Female

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec. 3, 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): New Hampshire

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown Marshall

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: 9513 Saybrook Av. Lester A. Williams Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Multiple Cerebrovascular accidents

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 3, 1953, to February 8, 1955, that I last saw the deceased alive on Feb 8, 1955, and that death occurred at 2 A.M. from the causes and on the date stated above.

SIGNATURE Boris Rablin M.D. ADDRESS 1200 Lebanon Street DATE SIGNED February 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 2/10/55

NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

LOCATION (City, town, or county) (State) Boston, Mass.

DATE REC'D BY LOCAL REGISTRAR 2-9-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01796

1735 CERTIFICATE OF DEATH Reg. Dist. No. 223

Item 12, FilmG178 3-16-55 et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 19 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Days Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x-3
STREET ADDRESS (If rural give location) 7627-16 St N.W.

3. NAME OF DECEASED: (Type or Print) (First) BARNAT (Middle) (Last) RUBIN

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify):

8. DATE OF BIRTH: 3-17-1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: 7627-16 St N.W. Mrs Eda Silberman Daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 WKS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) GENERALIZED ARTERIOSCLEROSIS — 1 YR.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1954, to Feb 18, 1955, that I last saw the deceased alive on Feb 18, 1955, and that death occurred at 6:40 P M, from the causes and on the date stated above.

SIGNATURE Simon C. Weiner ADDRESS M. D. 101 Longfellow St NW. Washington DC DATE SIGNED Feb 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 2-20-1955 NAME OF CEMETERY OR CREMATORY King David Cemet LOCATION (City, town, or county) (State) Falls Church Va

DATE REC'D BY LOCAL REGISTRAR Feb 18 1955 REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR B Ransansky & Son ADDRESS Washington D C

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1825 **CERTIFICATE OF DEATH**

Reg. Dist. No. 2-17 01797

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 St. Philamina Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville 16X-2; STREET ADDRESS (If rural give location) 10440 - 43rd. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) F (Last) RYAN

4. DATE OF DEATH: (Month) 2 (Day) -13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-13-1874

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Dolan

14. MOTHER'S MAIDEN NAME: Bridget McGiness

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Charles J. Ryan 10440 43rd Ave. Beltsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 24 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Bronchopneumonia — 96 hr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, degenerative, severe — 10 yr.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1955, to Feb. 13, 1955, that I last saw the deceased alive on Feb 12, 1955, and that death occurred at 2:55 PM 2-13-55 from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Kitchen M.D. ADDRESS Silver Spring, Md DATE SIGNED Feb 13, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Shipping DATE THEREOF 2/14/55 NAME OF CEMETERY OR CREMATORY Medford LOCATION (City, town, or county) Mass (State)

DATE REC'D BY LOCAL REGISTRAR 2-18-55 REGISTRAR'S SIGNATURE Edmund B Lawler

24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS 5801 Cleveland Ave Riverdale Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1826 **CERTIFICATE OF DEATH**

01798
Reg. Dist. No. 296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Bethesda | LENGTH OF STAY (in this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Clinical Center NIH

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va | COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church 83X-3
STREET ADDRESS (If rural give location) 701 W. Broad St. ✓

3. NAME OF DECEASED: (Type or Print) (First) PAULINE (Middle) (Last) Schafer

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 14, 1900

9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Bercraft

14. MOTHER'S MAIDEN NAME: Frances Calhert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: —

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

154X
Immediate cause (a) Intestatic Carcinoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Adeno Carcinoma of Rectum — 3 1/2 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 12/21/54 | **19b. MAJOR FINDINGS OF OPERATION** Metastatic Ca. of Lung | **20. AUTOPSY?** Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) O | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) O | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURED** While at Work ☐ Not While At Work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 6/5 1954, to 2/26 1955, that I last saw the deceased alive on 2/26 1955, and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Alexander Brecher, M.D. | ADDRESS N.I.H. Bethesda, Md. | DATE SIGNED 2/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | **DATE THEREOF** 3-1-55 | **NAME OF CEMETERY OR CREMATORY** Cedar Hill | **LOCATION** (City, town, or county) (State) P.G. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2/28/55 | **REGISTRAR'S SIGNATURE** Bessie M. Thompson

24. FUNERAL DIRECTOR W.P.P. Chambers Co. | **ADDRESS** 1400 Chapin N.W.

MARYLAND 1736

01799

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

Item 12, FilmG178 3-8-55 et

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 16-15-2
STREET ADDRESS (If rural, give location) 6112 14th Ave. Apt. 100

3. NAME OF DECEASED (Type or Print) (First) Abraham (Middle) Lester (Last) Schiller.

4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9- ?

9. AGE last birthday 83? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler

10b. KIND OF BUSINESS OR INDUSTRY Jewelry

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Acute Myocardial Failure

Antecedent cause(s)

260+ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia + Bronchopneumonia

(c) Arteriosclerotic C V Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH (a) 5 days (b) ? (c)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED ~~While at~~ Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1955, to Feb. 24, 1955, that I last saw the deceased alive on Feb 23, 1955, and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE Paul Conat (Degree or title) M.D. ADDRESS 6727-16th St, N.W. DATE SIGNED 2-24-55

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 2/24/55 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C

DATE REC'D BY LOCAL REG. Feb. 24 1955. REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4217-9th St. N.W.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1827

CERTIFICATE OF DEATH

01800

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville X
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) William (Last) Schwartzbeck

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan. 12 1892

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Lewis E. Schwartzbeck

14. MOTHER'S MAIDEN NAME: Diane Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Emma Schwartzbeck Route 1 Rockville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

IMMEDIATE CAUSE (A) Acute pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 2-4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Bronchopneumonia — 1-4 days

DUE TO (C) Acute uremia ? — 9 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1955, to 2/5, 1955, that I last saw the deceased alive on 2/5, 1955, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE W. A. Hall, MD M. D. ADDRESS Rockville, Md. DATE SIGNED 2/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-8-55

NAME OF CEMETERY OR CREMATORY Parklawn cem

LOCATION (City, town, or county) (State) Montgomery county Md.

DATE REC'D BY LOCAL REGISTRAR 2/9/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01801

1828 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4510 Cheltenham Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4510 Cheltenham Dr.

3. NAME OF DECEASED: (First) CARRIE (Middle) I, (Last) Scott

4. DATE OF DEATH: (Month) Feb. (Day) 6, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 11-17-94

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Schultheis

14. MOTHER'S MAIDEN NAME: Katherine Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: R.M. Scott-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Essential hypertension — 10 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Feb 6, 1955, that I last saw the deceased alive on Feb 6, 1955., and that death occurred at 8:10 P M, from the causes and on the date stated above.

SIGNATURE Dr Dazelle Kenrick M. D. ADDRESS 6450 Wisconsin Ave, Bethesda, Md DATE SIGNED 2/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-9-55 — NAME OF CEMETERY OR CREMATORY Louden Park — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/7/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert H. Pumphrey — ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1829 MARYLAND STATE DEPARTMENT OF HEALTH 01802

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 529 Dale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 529 Dale Drive

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Gilbert (Last) Shaw

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 10, 1885

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Robert A. Shaw, 1511 Sharon Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: Found dead on floor of his home

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Irwin J. Bronstrat (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 2-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation DATE THEREOF: 2/7/55 NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Crematory LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: 2-7-55 REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1830

CERTIFICATE OF DEATH

Reg. Dist. No. 01803

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL) X Bethesda
LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10012 Markham St. 56 1

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Gerhold (Last) Schanberger

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married | 8. DATE OF BIRTH: June 18, 1881 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months 8 Days 8 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. | 10B. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Gerhold | 14. MOTHER'S MAIDEN NAME: Marie Stetzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: 5811 Ridgway Ave Mr. Howard Schanberger Rockville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of the breast, ulcerated 1 year. with metastasis.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec., 1954, to 26 Feb., 1955, that I last saw the deceased alive on 25 Feb., 1955, and that death occurred at 9 55 AM, from the causes and on the date stated above.

SIGNATURE Lemuel T. Kimble M.D. ADDRESS 929 Pershing Dr. Sil. Spring DATE SIGNED 26 Feb, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/1/55 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 3/3/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey, 8434 Ga. Ave. Silver Spring, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01804

1737

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) nine years
17
HOSPITAL OR INSTITUTION OR STREET ADDRESS 901 Dorner Ave.
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park. 17
STREET ADDRESS (If rural give location) 901 Dorner Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lelia (Middle) Adelaide (Last) Shepard

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1955

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 4-4-74

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Hayward Co, Tenn

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Howard Lockett

14. MOTHER'S MAIDEN NAME: Susan Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. X

17. INFORMANT & ADDRESS: Daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

IMMEDIATE CAUSE (A) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: two days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Duanition — one year.

DUE TO (C) Neoplasm of Pancreas — two years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. X

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ? , 19 46 , to 2/26 , 19 55 , that I last saw the deceased alive on 2/26 , 19 55 , and that death occurred at 3:25 P.M., from the causes and on the date stated above.

SIGNATURE Robert A Harp. M. D. ADDRESS Takoma Park Md. DATE SIGNED 2/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Mar 1 1955

NAME OF CEMETERY OR CREMATORY George Washington Gdns

LOCATION (City, town, or county) Rhode Island Ave (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb 26 1955

REGISTRAR'S SIGNATURE Wilson Dodd

FUNERAL DIRECTOR Arthur L Walters ADDRESS 254 Carroll Ave NW Takoma Park, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1738

CERTIFICATE OF DEATH

Reg. Dist. No. 018954

Item 2 FilmC177 2-17-55 et

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 OAKHAVEN NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10816 Lorain Avenue

3. NAME OF DECEASED: (Type or Print) (First) LIDA (Middle) V. (Last) SHERBERT

4. DATE OF DEATH: (Month) FEB (Day) 9 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: MAY-6-1885
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB DOWELL
14. MOTHER'S MAIDEN NAME: FRANCES WARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: 10816 LORAIN AVE. FRANCES NORFORD SILVER SPRING, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X
IMMEDIATE CAUSE (A) Hypertensive - Arteriosclerotic Heart Dis
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Diabetes Mellitus
DUE TO (C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 55, to February, 19 55, that I last saw the deceased alive on January 2, 19 55, and that death occurred at 9:30 AM, from the causes and on the date stated above.
SIGNATURE Bernard A. Fitzgerald M. D.
ADDRESS 9620 Old Bladensburg Rd S.E. Wash. D.C.
DATE SIGNED 2/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 2-12-1955
NAME OF CEMETERY OR CREMATORY MT. HARMONY
LOCATION (City, town, or county) OWINGS (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-9-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J.W.M. Lee & Son Co.
ADDRESS 300-4 St. N.E. Wash. D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01806

1831

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Items 8,9, FilmG177 2-18-55 et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X
STREET ADDRESS (If rural give location) Station Road

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) W. (Last) SHERMAN

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 9, ~~1878~~ 1869

9. AGE last birthday ~~84~~ 85 yrs. IF UNDER 1 YEAR: Months 5 Days 1 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocer

10B. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Sherman

14. MOTHER'S MAIDEN NAME: Mary L. McGuire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-10-7663

17. INFORMANT & ADDRESS: Mary M. Sherman-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Hemorrhage Cerebral Acute — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis Generalized — 4 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30/55, 19..., to 2/10/55, 19..., that I last saw the deceased alive on 2/9/55, 19..., and that death occurred at 7:30 A. M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS DATE SIGNED 2-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-12-55
NAME OF CEMETERY OR CREMATORY St. John's
LOCATION (City, town, or county) (State) Forest Glen Md

DATE REC'D BY LOCAL REGISTRAR 2/12/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Dunphey
ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1744

01807
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cairo st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont'g
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg - R-3 X
STREET ADDRESS (If rural, give location) (Diamantown.) 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Herman (Last) Shirley

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1955

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5-8-1913

9. AGE Last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Shirley

14. MOTHER'S MAIDEN NAME: Cora Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.II

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wellington Shirley Gaithersburg, Md R.F.D. 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Cardiac Failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic alcoholism — DUE TO (c) 322.1

INTERVAL BETWEEN ONSET AND DEATH: Found dead

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-26-55

NAME OF CEMETERY OR CREMATORY Poplar Grove

LOCATION (City, town, or county) (State) Maryland (Poplar Grove)

DATE REC'D BY LOCAL REG. 2-28-55

REGISTRAR'S SIGNATURE Laurell K. Bragdon

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Hospital

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01808

1832 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 3days 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville 26
STREET ADDRESS (If rural give location) 401 Park Road 1

3. NAME OF DECEASED: (Type or Print) (First) Timothy (Middle) Lee Ray (Last) Sirk

4. DATE OF DEATH: (Month) February (Day) 16 (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: 2/13/55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours 4 Min. 24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard R. Sirk
14. MOTHER'S MAIDEN NAME: Bertha Elizabeth Sirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

770.0 IMMEDIATE CAUSE (A) Erythroblastosis Foetalis — "2 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Rh incompatibility
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1955, to Feb. 16, 1955, that I last saw the deceased alive on Feb. 16, 1955, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE Jack Schumacher M.D. M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Feb. 17, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-19-55
NAME OF CEMETERY OR CREMATORY Flower Hill Church
LOCATION (City, town, or county) (State) Redland Md.

DATE REC'D BY LOCAL REGISTRAR 2-17-55
REGISTRAR'S SIGNATURE Gertrude B Fawcett
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

2025226364

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01810

1834

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X3
STREET ADDRESS (If rural give location) 5910 Blain Street N.E. √

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year) February 7 1955

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5 February 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 2 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Russell SMITH

14. MOTHER'S MAIDEN NAME: Grace YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father: Russell SMITH 5910 Blain Street N.E Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

768.0

IMMEDIATE CAUSE (A) DUE TO Septicemia, Massive — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Not Known prior to death.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mother had temp to 104 F Endometritis 4 days post delivery

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Feb, 19 55 to 7 Feb, 19 55 that I last saw the deceased alive on 7 Feb 19 55, and that death occurred at 7:30 P M, from the causes and on the date stated above.

SIGNATURE W. S. Matthews, M.D. ADDRESS DATE SIGNED

W.S. MATTHEWS LCDR MC USN U.S.Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 14 Feb 1955

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 11 Feb 1955

REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR ADDRESS Boyd Funeral Home 1238 20th Street, N.W. Washington, D.C.

2025212388

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01811

CERTIFICATE OF DEATH

1835

Reg. Dist. No. 2 17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 25 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine (Rural) 13X-2
STREET ADDRESS (If rural give location) Rt.2 √

3. NAME OF DECEASED: (Type or Print) (First) (Baby Boy) (Middle) (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) February 9 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 2/9/55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Premature baby

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ------

14. MOTHER'S MAIDEN NAME: Thelma Eloise Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 776X (A) Prematurity - 22 weeks — INTERVAL BETWEEN ONSET AND DEATH: 25 mins

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/55., 19..., to 2/9/55 19..., that I last saw the deceased alive on 2/9/55, 19..., and that death occurred at 9:45a M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Sandy Spring, Md DATE SIGNED 2/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 14, 1955

NAME OF CEMETERY OR CREMATORY Simpson Chapel

LOCATION (City, town, or county) (State) Poplar Springs, Md.

DATE REC'D BY LOCAL REGISTRAR 2-13-55

REGISTRAR'S SIGNATURE Gertrude B Fawley

24. FUNERAL DIRECTOR ADDRESS Clin L. Molesworth, Damascus, Md.

2025/5/250

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01809

1833 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 17hrs 43 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fredericksburg 83 X. 3
STREET ADDRESS (If rural give location) 914 Mercer Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) SMITH

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 23 Feb 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 17 Min. 43

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Quantico, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Gordon R. SMITH

14. MOTHER'S MAIDEN NAME: Nancy V. WILKERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Father M. Gordon R. SMITH Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.0 IMMEDIATE CAUSE (A) DUE TO Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH 17½ Hrs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Feb, 19 55 to 23 Feb, 19 55 that I last saw the deceased alive on 23 Feb, 19 55, and that death occurred at 1048PM, from the causes and on the date stated above.

SIGNATURE D. J. PASORE LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit — DATE THEREOF 2-23-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Fredericksburg, Virginia

DATE REC'D BY LOCAL REGISTRAR 25 February 1955 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS Wheeler Thompson Funeral Home Fredericksburg, Virginia

W23 79047

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01812

1836 CERTIFICATE OF DEATH Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 MRS. GREEN'S NORSING HOME 14326 COLESVILLE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON DC 47X-3
STREET ADDRESS (If rural give location) 1841 COLUMBIA RD. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) Montez (Last) Studebaker

4. DATE OF DEATH: (Month) FEB. (Day) 6 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: Nov 8, 1872
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): LOSANTSVILLE IND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HAMILTON P. FRANKS
14. MOTHER'S MAIDEN NAME: LOUISA ADELAIDE McKINNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS PAULINE MILLKAN (DAUGHTER) 1841 COLUMBIA RD. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease — 2+4 yrs.

DUE TO (C) Arteriosclerosis — 25+ yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1952 to Feb 6., 1955, that I last saw the deceased alive on 2/6/55 19..., and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE E. Rechenbach M. D. ADDRESS 1841 Col Rd NW DATE SIGNED 2/6/55

23. ~~BURIAL~~, ~~CREMATION~~, REMOVAL (SPECIFY) Burial / Removal 2-7-55
DATE THEREOF
NAME OF CEMETERY OR ~~CREMATORY~~ LaGrangeville
LOCATION (City, town, or county) (State) LaGrangeville N.Y.

DATE REC'D BY LOCAL REGISTRAR 2-7-55
REGISTRAR'S SIGNATURE Frances Cotter
24. FUNERAL DIRECTOR The I. H. Hines Co
ADDRESS 2901-14th St. N.W. D.C.

1837

01813
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12822 Evanston Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 12822 Evanston Dr

3. NAME OF DECEASED: (Type or Print) (First) Jean (Middle) Marjorie (Last) Tenny

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Sept. 23, 1929	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Arlington, Mass.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard Stout	Josephine Trainer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Lynn W. Tenny, 12,822 Evanston Drive, S.S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) 976X Cerebral hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Shot gun wound — DUE TO

(c) Head decapitated

INTERVAL BETWEEN ONSET AND DEATH: Found dead on kitchen floor

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Silver Spring Monty Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-1-55 7:30? M.		Self-inflicted Shot Gun wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J. Broschart — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 2-1-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Tran. Burial	2/2/55	Mt. Pleasant Cemetery	Arlington, Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/2/55	Frances Potter	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01814

1739 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park LENGTH OF STAY (in this place) 8 days 18 hrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16-15-2 STREET ADDRESS (If rural give location) 8501 Riggs Road
3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) Louise (Last) Thomas	4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1955
5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 2-22-79 9. AGE last birthday 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY: own Home	11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME: John Forney	14. MOTHER'S MAIDEN NAME: Elizabeth Hengel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) – 16. SOCIAL SECURITY NO. –	17. INFORMANT & ADDRESS: Hospital Chart

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 155X IMMEDIATE CAUSE	(A) Primary Carcinoma of Gall Bladder with	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO Metastasis Retro peritoneal Lymph nodes (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hypertensive Cardio-Vascular disease c̄ Myocardial failure	5 yrs 10 days
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1954, to Feb 3, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 9.58 A M, from the causes and on the date stated above.

SIGNATURE Francis J. Ribeland M. D. ADDRESS 7717 Alaska Ave N.W. Wash. 12 D.C. DATE SIGNED 2/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 2/5/55	NAME OF CEMETERY OR CREMATORY George Washington	LOCATION (City, town, or county) (State) Hyattsville Md
DATE REC'D BY LOCAL REGISTRAR 2/4/55 2/7/55	REGISTRAR'S SIGNATURE Amanda Downey J. Wilson Dodd Reg.	24. FUNERAL DIRECTOR F Gasch's Sons	ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 — 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01815

Wt. 11 lb 6 oz 1838

CERTIFICATE OF DEATH

Reg. Dist. No. 246

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 2312 Blue Ridge ave apt 101

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Ellis (Last) Thompson

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2-11-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 11 Min. 23

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nat Ennis
14. MOTHER'S MAIDEN NAME: Betty Lou Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother - Same.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 IMMEDIATE CAUSE (A) Prematurity - 6 mo. gestation — INTERVAL BETWEEN ONSET AND DEATH 35 hours 25 Min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intraventricular (brain hemorrhage)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb-11, 1955, to Feb-12, 1955, that I last saw the deceased alive on Feb-11, 1955, and that death occurred at 9:25 p M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 2-16-55
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-17-55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert H. Samphray
ADDRESS Bethesda, Md.

2025251240

1839 from 9 film C178 3-4-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 01816

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Beallsville. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE NY. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hill Air Force Base. 69X-3
STREET ADDRESS (If rural, give location) Ogden. NY.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) S (Last) Todd.

4. DATE OF DEATH (Month) February (Day) 8 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Unknown

9. AGE last birthday: Approx. 28 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pilot-Copr.

10b. KIND OF BUSINESS OR INDUSTRY: U.S.A.F.

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lt. Eugene M. Simmons - U.S.A.F

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

860X
Immediate cause (a) Decapitation - & Crushing — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Aeroplane.

21c. (City or town) Beallsville (County) Montgomery (State) Md.

21d. TIME OF INJURY (Month) Feb. (Day) 8 (Year) 1955 (Hour) 12:13 PM

21e. INJURY OCCURRED While at work ☑ Not while at work ☐

21f. HOW DID INJURY OCCUR? Plane he was flying exploded.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Ball M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 8 Feb 55.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 2-11-55

NAME OF CEMETERY OR CREMATORY Ballard-Durand

LOCATION (City, town, or county) (State) White Plains, N.Y.

DATE REC'D BY LOCAL REG. Feb. 25. 1955

REGISTRAR'S SIGNATURE Charles W. Elgin per DJK

24. FUNERAL DIRECTOR Ronaldi Funeral Home

ADDRESS 816-H St. N.E. Wash. D.C.

1840

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 01817

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural-Hunting Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural-Hunting Hill
STREET ADDRESS (If rural, give location) R.F.D.# 1, Rockville

3. NAME OF DECEASED: (Type or Print) (First) ISABELLA (Middle) (Last) TONNESSEN

4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5-7-'08

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? Norway

13. FATHER'S NAME: Ettura Cavillini

14. MOTHER'S MAIDEN NAME: Hedvig Russelli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Siguard Tonnessen-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bosshart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 2-7-55

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 1/9/55

REGISTRAR'S SIGNATURE Laurice K. Kragtorp

24. FUNERAL DIRECTOR Robert L. Pumphrey

ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01818

1841 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda rural
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 X 3
STREET ADDRESS (If rural give location) 3008 43rd Street N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Baldwin (Last) TOWNSEND

4. DATE OF DEATH: (Month) (Day) (Year) February 2 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 7 1889
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Barry Baldwin OSBORNE
14. MOTHER'S MAIDEN NAME: Flora LARCOMB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Son: Barry B. TOWNSEND 3008 43 rd St., N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170X IMMEDIATE CAUSE	(A) Lobular Pneumonia	4 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Metastatic Carcinoma of lung	2 years
	(C) DUE TO Bilateral Carcinoma of breasts	5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: June 1950
19B. MAJOR FINDINGS OF OPERATION: Carcinoma left breast
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Dec, 1954 to 2 Feb, 1955, that I last saw the deceased alive on 2 February 1955, and that death occurred at 2:45 PM, from the causes and on the date stated above.

SIGNATURE C.S. Durden
ADDRESS C.S. DURDEN, JR LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4 February 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county): Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR: 2 February 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS: Joseph GAWLER Sons Funeral Home, 1756 Pennsylvania Ave. N.W., Washington, D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01819

1842

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 3 mo, 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Sharon Chronic Hosp—

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 9312 Caroline Ave.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) V. (Last) Turgeon

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower | 8. DATE OF BIRTH: May 5. 1868 | 9. AGE last birthday 86 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quebec, Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Leage Turgeon

14. MOTHER'S MAIDEN NAME: Philimen Lambert.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Patient-

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Debility + Cachexia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Ca. of Colon + metastasis

OUE TO

(C) Benign Colostomy

INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Nov, 1954, to 27 FEB, 1955, that I last saw the deceased alive on 25 Feb, 1955, and that death occurred at 11:20 PM, from the causes and on the date stated above.

SIGNATURE John Beasley Ziegler M. D. ADDRESS Olney Md DATE SIGNED 27 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Mar 3 1955

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) New York N.Y.

DATE REC'D BY LOCAL REGISTRAR 3-1-55

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Walter E Talbert ADDRESS 254 Carroll Ave Takoma Park 12 D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1843

01820

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Boyds - Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Boyds- Rural X
STREET ADDRESS (If rural, give location) RFD # 2

3. NAME OF DECEASED: (First) BENJAMIN (Middle) (Last) UTTERBACK
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 4, 1886

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Utterback

14. MOTHER'S MAIDEN NAME: Lelia Steadman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: yes

17. INFORMANT & ADDRESS: Cathryn McC. Utterback-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-26-55
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 2-25-55
REGISTRAR'S SIGNATURE Laurel H. Braytop
24. FUNERAL DIRECTOR Robert A. Humphreys
ADDRESS Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1844

CERTIFICATE OF DEATH

01821

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ch Ch. Maryland
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5106 Worthington Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ch. Ch. Maryland
STREET ADDRESS (If rural give location) 5106 Worthington Dr.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) DICKSON (Last) VAN HOUTEN

4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb 26, 1860

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ANDREW DICKSON

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of aervice)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Margarette Lawson 5106 Worthington Dr.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X IMMEDIATE CAUSE	(A) Congestive heart failure	2 months
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) hypertensive heart disease DUE TO	2 years
	(C) Generalized arteriosclerosis	10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1949, to 2/13, 1955, that I last saw the deceased alive on 2/11, 1955, and that death occurred at 7 05 M, from the causes and on the date stated above.

SIGNATURE James J. Burns M. D. ADDRESS 915 - 19th St. N.W. DATE SIGNED 2/15/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/13/55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Yonkers New York

DATE REC'D BY LOCAL REGISTRAR 2/14/55

REGISTRAR'S SIGNATURE Bessie McThompson

24. FUNERAL DIRECTOR Sheppard Funeral Home ADDRESS 5103 Wisconsin Ave. Wash. D.C.

01822

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1740 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 56
STREET ADDRESS (If rural give location) 11903 Dewey Road(Info. from birth Cert.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Vigliotti

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1955

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb 16, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Anthony Vigliotti
14. MOTHER'S MAIDEN NAME: Phyllis Adelaide Vigliotti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
560.4
IMMEDIATE CAUSE (A) Large visceral herniation abdominal contents through diaphragm
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: congenital

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. prematurity

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1955 to 2-16, 1955 that I last saw the deceased alive on 2-16, 1955, and that death occurred at ...... M, from the causes and on the date stated above.
SIGNATURE Samuel M. Bregeant M. D. ADDRESS Wash. D.C. DATE SIGNED 2/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 2-25-55 NAME OF CEMETERY OR CREMATORY Washington San + Hosp. LOCATION (City, town, or county) Takoma Park 12 (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb 1955 REGISTRAR'S SIGNATURE J. Wilson Dodd 24. FUNERAL DIRECTOR Robert A. Hare, M.D. ADDRESS Wash San. H.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Written permission rec'd from both parents — A. Wyatt M.D.

VS. A15 — 10-53

2025212372

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01823

1845

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda rural; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3; STREET ADDRESS (If rural give location) 1511 Varnum Street N.W.

3. NAME OF DECEASED: (First) Timothy (Middle) Alfred (Last) WARD

4. DATE OF DEATH: (Month) (Day) (Year) February 7 1955

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 25 1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switch Board Operator

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Timothy WARD

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 2

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Gladys E. WARD (Wife) 15 11 Varnum Street NW. W. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X IMMEDIATE CAUSE (A) Cachexia — 3 mo

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Adenocarcinoma Metastatic — 1 yr

DUE TO (C) Adenocarcinoma, Rectum — 2 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Jan, 1955 to 7 Feb, 1955 that I last saw the deceased alive on 7 Feb 1955 and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE D.J. Doohen — ADDRESS — DATE SIGNED

D.J. DOOHEN LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10 February 1955 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 8 February 1955 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR — ADDRESS Robert G. MC GUIRE Funeral Home, 1820 9th Street, N.W., Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01824

1846

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Olney
LENGTH OF STAY (in this place) 3yrs 3½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Brooke Grove Conv-Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus. X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) C. (Last) Warfield

4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 4-1870

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Damascus Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan James Burdette

14. MOTHER'S MAIDEN NAME: Annie Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Elisha S. Warfield Gaithersburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4917

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, Generalized — yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1954, to 2/10, 1955, that I last saw the deceased alive on 2/9, 1955, and that death occurred at 5:15 PM, from the causes and on the date stated above.

SIGNATURE A. Rogers M. D. ADDRESS Sandy Spring Md DATE SIGNED 2/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb. 12, 1955 — NAME OF CEMETERY OR CREMATORY Damascus — LOCATION (City, town, or county) (State) Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR 2/12/55 — REGISTRAR'S SIGNATURE Gertrude B. Lawlor

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01825

1741 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 17 Takoma Park Md
LENGTH OF STAY (in this place) 25 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wash. San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C 47X-3
STREET ADDRESS (If rural give location) 3600 Connecticut Ave N.W.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Glenn (Last) Welch

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1955

5. SEX: fe | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 8-4-96 | 9. AGE last birthday 58 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): asst Book Keeper | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas E. Hudson

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Tidler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Sister + Wash. San + Hosp records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
157X IMMEDIATE CAUSE	(A) CARCINOMA, GENERALIZED	unknown
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Primary Carcinoma of Pancreas	"
	DUE TO (C) Suppurative Pyelonephritis due to malignant stricture of Ureter	"
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: Oct 1954 | 19B. MAJOR FINDINGS OF OPERATION Carcinoma of Head of Pancreas written | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1955, to Feb 12, 1955, that I last saw the deceased alive on Feb 11, 1955, and that death occurred at 11 30A M, from the causes and on the date stated above.

SIGNATURE C R Anderson M.D. ADDRESS 7600 Carroll Ave. Takoma Park DATE SIGNED 2-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/15/55 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Feb 12-1955 | REGISTRAR'S SIGNATURE J Wilson Dodd | 24. FUNERAL DIRECTOR The S. H. Hopkins Co. | ADDRESS Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01826

1742

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7515 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10609 Lorain Ave. 56 1

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) La Belle (Last) White

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7-17-88
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 6 Days 26 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank P. Walker
14. MOTHER'S MAIDEN NAME: Effie Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1724

IMMEDIATE CAUSE (A) Recurrent Carcinoma of Fundus of Uterus. — INTERVAL BETWEEN ONSET AND DEATH: 2½ yr

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3/27/53
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Fundus of Uterus
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/, 1953, to 2/13, 1955, that I last saw the deceased alive on 2/13, 1955, and that death occurred at 4:20 P.M, from the causes and on the date stated above.

SIGNATURE Raymond Cohen M. D. ADDRESS 925 Pershing Drive Silver Spring, Md. DATE SIGNED 2/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment
DATE THEREOF 2/16/55
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 17 1955
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner & Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1847

01827
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3102 Wellar Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lyons 69X-3
STREET ADDRESS (If rural, give location) 49 Spencer Street

3. NAME OF DECEASED: (First) William (Middle) J. (Last) Wickman
4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 8, 1894
9. AGE Last birthday: 60 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Canal Structure Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lyons, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Wickman
14. MOTHER'S MAIDEN NAME: Mary Wilkes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mr. Wm. G. Wickman, 3102 Wellar Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brostrat M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial
DATE THEREOF 2/25/55
NAME OF CEMETERY OR CREMATORY: Rural Cemetery
LOCATION (City, town, or county) (State): Lyons, New York

DATE REC'D BY LOCAL REG. 2/25/55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner C. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15A - 5 - 53

1848

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01828 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2 1 7

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY ~~Monty~~ Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clarksville 13x-2
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Edward (Last) Wilson

4. DATE OF DEATH (Month) Feb (Day) 25 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 8/14/27 | 9. AGE last birthday: 27 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Wilson | 14. MOTHER'S MAIDEN NAME: Emma Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Korean (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 578-36-833R | 17. INFORMANT & ADDRESS: Hosp record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

912.1
Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3½ days.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of skull
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of left arm + forearm

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Farm | 21c. (City or town) Clarksville (County) ~~Monty~~ Howard (State) Md

21d. TIME OF INJURY (Month) 2 (Day) 21 (Year) 55 (Hour) 5 P M. | 21e. INJURY OCCURRED While At work ☒ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Thrown by belt from a harvester machine

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brashears M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 2-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-28-55 | NAME OF CEMETERY OR CREMATORY Chews Chapel | LOCATION (City, town, or county) (State) Queensville, Md

DATE REC'D BY LOCAL REG. Feb. 28, 1955 | REGISTRAR'S SIGNATURE Gertrude B Lawler | 24. FUNERAL DIRECTOR ADDRESS William Reese II 108 Washington ST. Annapolis, Md

VS. A15A - 5 - 53

Rec'd March 1-55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01829

1849 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4 7 X-3
STREET ADDRESS (If rural give location) 5459 - 31st St.

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) (Last) Wimmel

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: May 6, 1875 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Gotthardt | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: daughter - Edna Wimmell

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Congestive Heart Failure — 6 mos.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart — ? yrs.
DUE TO
260X (C) Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 10 yrs.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1953 to Feb 27, 1955 that I last saw the deceased alive on Feb. 26, 1955, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE Robert O. Harrell M. D. | ADDRESS 5516 Neb. Ave DC, | DATE SIGNED 2-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF MAR. 2-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem | LOCATION (City, town, or county) Prince George, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/28/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Neal Funeral Home | ADDRESS 4812 Ga Ave NW

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01830

1850

CERTIFICATE OF DEATH

Items 8,9, FilmG179 3-18-55 et

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emory Grove
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg R.7.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emory Grove
STREET ADDRESS (If rural give location) Gaithersburg, R.7.D.1

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Mae (Last) Wims (Wims)

4. DATE OF DEATH (Month) Feb. (Day) 13 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Feb. 19, 1900 1877 | 9. AGE last birthday 55 77 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper | 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Waye

14. MOTHER'S MAIDEN NAME: Mit Randolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Glenwood Wims Gaithersburg, Md. R.7.D.#1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Feb 11, 55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Sclerosis — ?

DUE TO (C) Hypertensive Cardiorenal Disease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. , 1954 to Feb 13, 1955, that I last saw the deceased alive on Feb. 11, 1955, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

SIGNATURE Webster Sewell ADDRESS M. D. Rt. Silver Spring Md DATE SIGNED 2.16.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/16/55 | NAME OF CEMETERY OR CREMATORY Rocky Hill | LOCATION (City, town, or county) (State) Clarksburg, Md.

DATE REC'D BY LOCAL REGISTRAR 2-17-55 | REGISTRAR'S SIGNATURE Almeda G. Cooke | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01831

1851 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 4314 Kentbury Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 4314 Kentbury Drive 1

3. NAME OF DECEASED: (Type or Print) (First) TEMPIE (Middle) ELIZABETH (Last) ZACHARIAS

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: May 3, 1867 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months 8 Days 29 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John E. Wilcoxin
14. MOTHER'S MAIDEN NAME: Martha E. Mealy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Horace Opel-Item# 2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4143X IMMEDIATE CAUSE	(A) Hypertensive heart disease	1 year
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Essential hypertension	5 yrs.
	DUE TO	
	(C) Arthritis	15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/26, 1954, to 2/2, 1955, that I last saw the deceased alive on 1/27, 1955., and that death occurred at 4:05 P.M., from the causes and on the date stated above.

SIGNATURE: Dr Joseph P. Kenick M.D.
ADDRESS: 6450 Wisconsin Ave, Bethesda, Md.
DATE SIGNED: 2/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2-5-55
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/3/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: M. R. Etchison & Son
ADDRESS: Frederick, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1852

01832

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gretna St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md - COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Boyds —
STREET ADDRESS (If rural, give location) Rural —

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) John (Last) Zeigler Zeiger

4. DATE OF DEATH (Month) Feb (Day) 25 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-15-1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mason -

10b. KIND OF BUSINESS OR INDUSTRY: Brick Layer

11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A. -

13. FATHER'S NAME: Phillipp Zeiger

14. MOTHER'S MAIDEN NAME: Emma Bockerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Olga T. Zeiger, Boyds Md -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — Sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bracknell M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-28-55

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Rockville Md.

DATE REC'D BY LOCAL REG. Feb 28, 1955

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Ernest C. Gaetano

ADDRESS Parkhurst Md.